

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE

POLICE TRAINING COMMISSION
REQUEST FOR WAIVER OF TRAINING - SPECIAL TO REGULAR / CAMPUS POLICE

(Please Print)

NAME _____	EMPLOYING AGENCY _____
SOCIAL SECURITY # _____	AGENCY ADDRESS _____
DATE OF BIRTH _____	
DATE OF APPOINTMENT _____	COUNTY _____
ACADEMY TO BE ENROLLED IN _____	AGENCY PHONE # _____
*POSITION APPOINTED TO _____	AGENCY FAX # _____

*For a person appointed as a campus police officer, please attach a copy of the officer's commission.

PREVIOUS EMPLOYMENT HISTORY

EMPLOYING AGENCY _____	DATES OF EMPLOYMENT _____
AGENCY ADDRESS _____	
POSITION _____	
EMPLOYING AGENCY _____	DATES OF EMPLOYMENT _____
AGENCY ADDRESS _____	
POSITION _____	

Please include additional employment information on a separate sheet. Attach documentation concerning training received.

TRAINING

BASIC COURSE FOR CLASS II SPECIAL LAW ENFORCEMENT OFFICERS TAKEN AT _____

Date _____

Attach documentation concerning training received.

REQUEST SUBMITTED BY

Agency Chief (Please Print) _____	(Signature) _____	E-mail Address _____	Date _____
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FOR PTC USE

TRAINING REQUIRED

FA 1 _____	FA 5 _____	FA 9 _____	FA 13 _____	
FA 2 _____	FA 6 _____	FA 10 _____	Agency Training _____	
FA 3 _____	FA 7 _____	FA 11 _____	Firearms Qualification _____	
FA 4 _____	FA 8 _____	FA 12 _____	Other _____	
Full Training Required _____		Medical Examination Required _____		
Date Agency Notified: _____		Reviewer's Signature: _____		